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FSA-900 (01-10-08)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. State and County Code	2. Disaster Year
		3. County Office Name	4. Application Date
2005/2006/2007 LIVESTOCK INDEMNITY PROGRAM			

NOTE: The authority for collecting the following information is Pub. L. 110-28. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is Public L. 110-28, U.S. Troop Readiness, Veterans' Care Katrina Recovery, and Iraq Accountability Appropriations Act, 2007. The information will be used to determine eligibility for program benefits. Failure to furnish the requested information will result in denial of program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal or to other requests for information. The provisions of criminal and civil fraud statutes, including 18 USC 286, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART A - PRODUCER INFORMATION

5. Producer's Name and Address (City, State and Zip Code)	6. ID Number (Last 4 Digits)

Payments under the 2005/2006/2007 Livestock Indemnity Program will be made with respect to certain livestock deaths that occurred as a direct result of a natural disaster event, except drought, and including anthrax in a primary or contiguous county designated under a Presidential or Secretarial declaration or Administrator's Physical loss notice. Each producer must file a separate form FSA-900 to be eligible to receive program benefits. By signing this application, the producer:

- (1) Agrees to provide FSA any documentation it requires to determine eligibility that verifies and supports all information provided, including the producer's certification, and understands the application may be disapproved if they fail to provide any such information requested by FSA;
- (2) Authorizes FSA, at any time, with or without their presence, to enter upon, inspect and verify all livestock, livestock deaths, and acreage in which they have an interest;
- (3) Agrees to comply with, and acknowledges they are subject to, all the regulations governing the program and understands that instructions and assistance are available for completing this form;
- (4) Authorizes FSA to obtain from third parties, such as, but not limited to, other government agencies, individuals, auction barns, contractors or processors, and rendering services, any records or other evidence that substantiates the information provided on this application or any supporting documentation provided; and
- (5) Understands that this application may be disapproved if information or evidence provided is false or in error, and that other sanctions or penalties could apply.

PART B - LIVESTOCK LOCATION AND ASSOCIATED PRODUCER INFORMATION

7. Where were the claimed livestock physically located at the time they perished? (Include County name, farm number, etc.)	8. Where is the current physical location of the livestock in inventory?

9. Associated Producers (List all other producers that have an ownership share of any livestock listed in Item 13 and indicate their share).

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

PART C - LIVESTOCK INFORMATION

10. Disaster Period			11. Disaster Event(s)		
12. Contract Grower		13. Livestock Kind/Type and Weight Range	14. Disaster Period Beginning Head Count	15. Claimed Lost Head Count	16. Share
YES	NO				

PART D - AMOUNTS RECEIVED FOR SAME OR SIMILAR LOSS

17. Other Compensation (Contract Grower Only) \$
18. Reduction (2005 Only) \$

PART E - PRODUCER CERTIFICATION

I certify that:

1. On the day they perished, I owned or was a contract grower of all livestock entered on this application and physically maintained control of all such livestock on that date on my farm for commercial use as part of my farming operation;
2. All livestock entered as lost on this application perished during the disaster year in Item 2 as a direct result of an eligible disaster event(s) no later than 60 days from the ending dates of such disaster period(s) provided in Item 10 in the county provided in Item 7, and that all losses occurred after January 1, 2005, and before December 31, 2007;
3. I understand all livestock entered on this application meet all the livestock eligibility criteria provided in 7 CFR Part 760 Subpart J, including being maintained for commercial use as part of my farming operation; and
4. All information on this application and all supporting documents I provided is true and correct.

19A. Producer's Signature	19B. Date (MM-DD-YYYY)

PART F - COUNTY COMMITTEE DETERMINATION

20. COC or Designee Signature	21. Date (MM-DD-YYYY)	22. Determination:
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved